

RECEIVED  
JUN 17 2016

BAYFIELD COUNTY  
SANITARY PERMIT APPLICATION



Zoning District \_\_\_\_\_  
Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <u>116-0159</u>	
Property Owner's Name: <u>JANET WIKSELL DEARDORFF TTEE</u>				County: <u>Bayfield</u> Bayfield			
Address of Property: <u>WESLEY A. WIKSELL TRUST</u> <u>2500 TOMAHAWK LAKE RD, SOLAN SPRINGS</u>				Property Location: $\frac{1}{4}$ $\frac{1}{4}$ S T N, R E (or) W			
Property Owner's Mailing Address: <u>11205 51st AVE N.</u>				Township: <u>Barney</u>		Gov. Lot #: <u>6</u>	
City, State <u>PLYMOUTH, MN</u>		Zip Code <u>55442</u>		Phone Number <u>612 801 6393</u>		Lot #	
				Block #:		Subdivision Name or CSM #:	
<b>II. TYPE OF BUILDING</b> (Check One)				<u>SEE ATTACHED TAX BILL</u>			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2</u>				Parcel ID Tax Number(s): <u>04-004-2-45-09-20-4 05-006-10000</u>			
<b>III. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)							
A) <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____							
<b>IV. TYPE OF NON-PLUMBING SYSTEM:</b> (Check One) * Replacements need previous permit number and date filled out above							
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>225</u> gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
<b>V. ABSORPTION SYSTEM INFORMATION:</b>							
1. Gallons Per Day <u>N/A</u>	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)	
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank		<u>225</u>	<u>—</u>	<u>225</u>	<u>1</u>	<u>NORWESCO</u>	
Lift Pump Tank / Siphon Chamber							
<b>VII. RESPONSIBILITY STATEMENT:</b>							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Plumber's / Owner's Name: (Print) <u>WAYNE R. PRIEST</u>				Plumber's / Owner's Signature: (No Stamps) <u>[Signature]</u>		MP/MPRSW No:	
Plumber's Address: (Street, City State, Zip Code) <u>11205 51st AVE N, PLYMOUTH, MN, 55442</u>				Home Phone: <u>612 801 6393</u>		Business Phone: <u>612 801 6393</u>	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>							
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$150</u>		Date Issued: <u>6-21-16</u>	
						Issuing Agent's Signature / Date: <u>[Signature] 8/3/09</u>	
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>							

Rec'd for Issuance

JUN 21 2016

Secretarial Staff

Plot Plan on reverse side

Lot Line

SEE ATTACHED

Name of Frontage Road ( )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Septic / holding tank to closest lot line
  - e. Septic/holding tank to building
  - f. Septic / holding tank to well
  - g. Septic / holding tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
  - n. Drain field to lake, river, stream or pond
  - o. Well to building

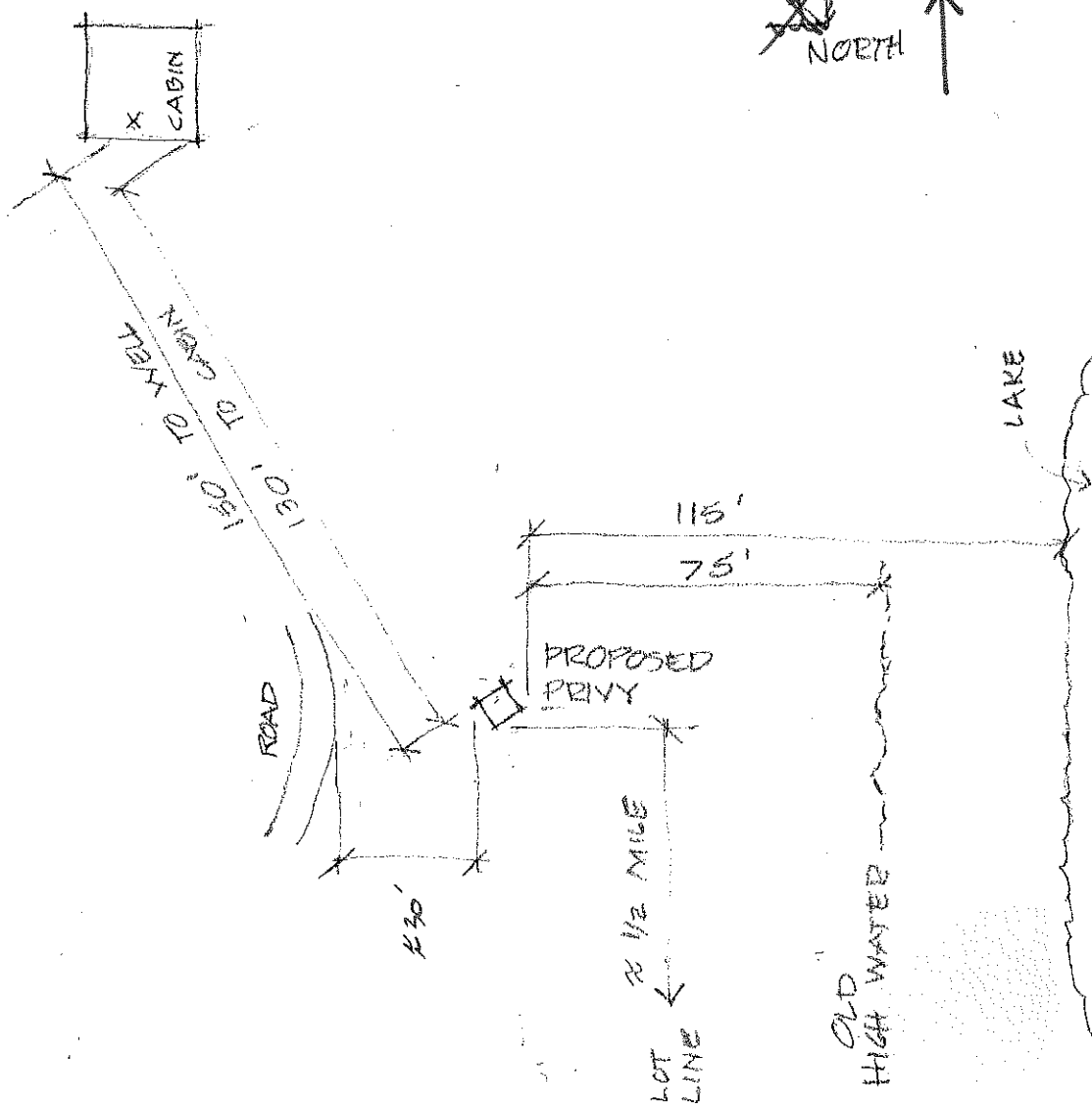
**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

# LOCATION DETAIL

7/10/16

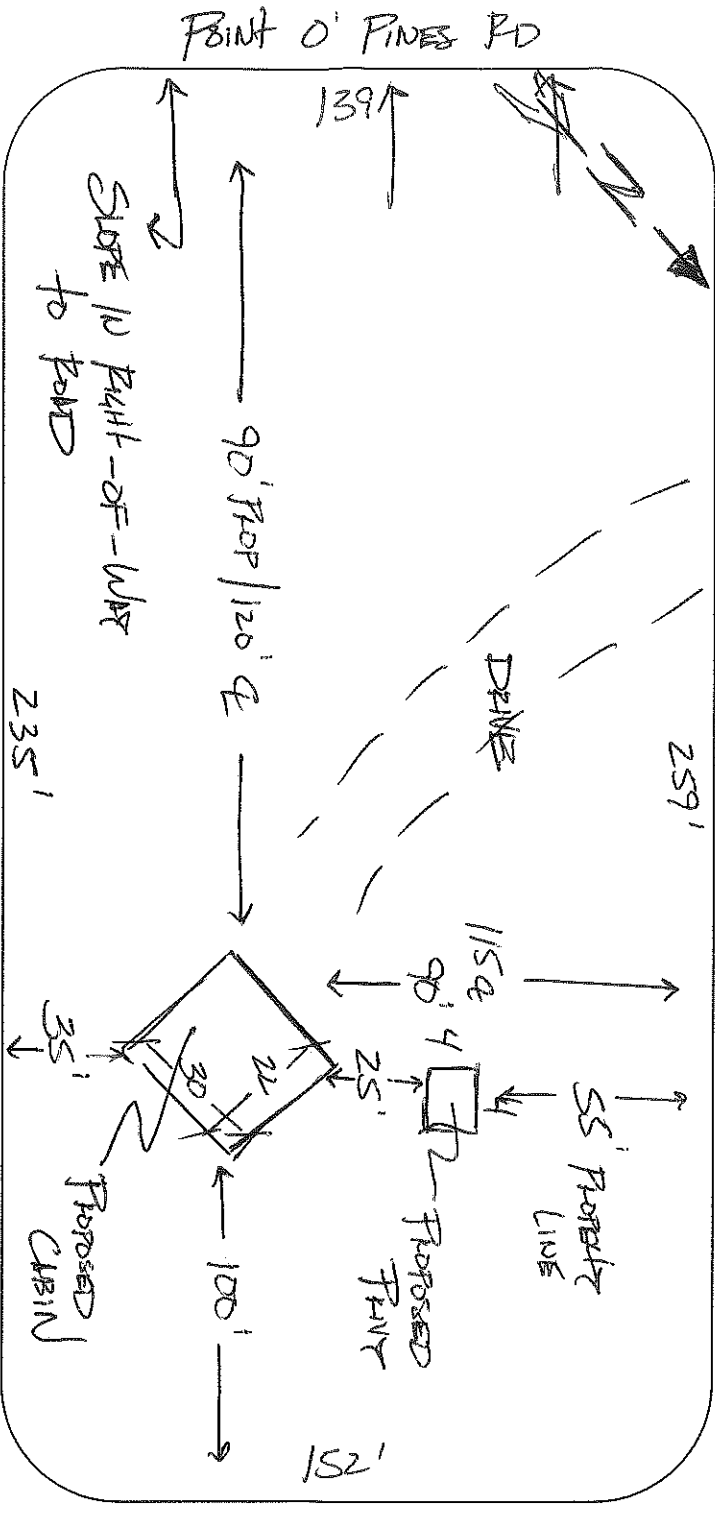
6/10/16





the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	115 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	90 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	90' <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	16-0160	Permit Date:	16-21-16	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed
Inspection Record:		Zoning District (el)		
Date of Inspection: 5-17-16		Inspected by: [Signature]		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Must get noc permit				
Signature of Inspector: [Signature]		Date of Approval: 5/21/16		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

3100 surface  
1/41  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
MAY 17 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0169  
Date: 6-22-16  
Amount Paid: \$175  
Refund: 6-22-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Steve Overon	Mailing Address: 50005 Point Of Pine Rd. Barnes, WI 54873	City/State/Zip: (715) 795-2812
Address of Property: 50005 Point Of Pine Rd.	Contractor Phone: (715) 570-0361	Plumber Phone:
Contractor: Justin Christensen Construction L.L.C.	Agent Phone: (715) 570-0361	Plumber: (715) 570-0361
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Justin Christensen	Agent Mailing Address (include City/State/Zip): 52450 Lake Rd. Barnes, WI 54873	Written Authorization Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) 004-2-44-09-3 00-255-10000	Recorded Document: (i.e. Property Ownership) Volume 381 Page(s) 169
Section 9, Township 44 N, Range 9 W	Town of: Barnes	Subdivision: Point of Pines
Lot Size: 1.387	Acres: 1.387	

<input checked="" type="checkbox"/> Storeland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>87</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>87</u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$6,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	<input type="checkbox"/> with Loft	( ) X ( )	
	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Deck	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	<input type="checkbox"/> with Attached Garage	( ) X ( )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X ( )	
	<input type="checkbox"/> Special Use: (explain)	( ) X ( )	
	<input type="checkbox"/> Conditional Use: (explain)	( ) X ( )	
<input type="checkbox"/> Other: (explain)	( ) X ( )		

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

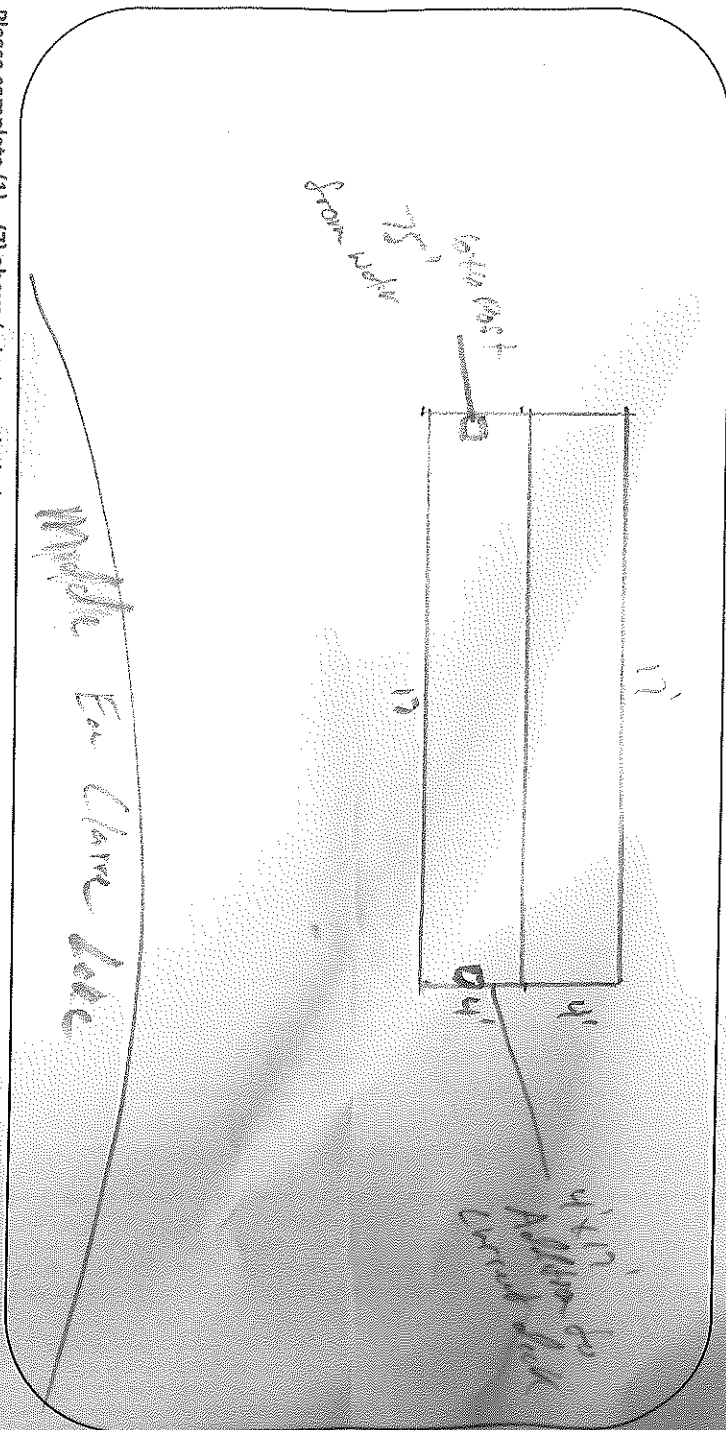
Owner(s): Steve Overon Date: 5/10/16  
(If there are Multiple Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Justin Christensen Date: 5/10/16  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 50005 Point Of Pine Rd. Barnes, WI 54873  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location of (\*):
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):

- Proposed Construction**
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
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Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:						
Permit #: 16-0169		Permit Date: 6-22-16						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: OK								
Date of inspection: 6-14-16		Inspected by:				Zoning District (R2)		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)						Lakes Classification ( )		
Signature of Inspector: [Signature]						Date of Approval: 6-22-16		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>